B C D	E	F	G	Н	J	K	L	M	N O	Р	Q	R	S	T I	J V	X	
Unified Rate Review v2.0.4																	
Company Legal Name:	LINITEDHEALT	HCARE INSURAN	State:	ΚY													
HIOS Issuer ID:	28773			Small Group													
			iviarket.	Sman Group													
Effective Date of Rate Change(s): 1/1/2016																
Market Level Calculations (Same for all	Plans)																
Section I: Experience period data																	
Experience Period:	10/1/2013	to	9/30/2014														
	., ,	Experience Period	.,,														
		Aggregate Amount	PMPM	% of Prem													
Premiums (net of MLR Rebate) in Exper	ience Period:	\$1,149,406	\$376.98	100.00%													
Incurred Claims in Experience Period		\$788,335	258.56	68.59%													
Allowed Claims:		\$1,019,962	334.52	88.74%													
Index Rate of Experience Period Experience Period Member Months		3,049	\$335.00														
Experience remodification months		3,043															
Section II: Allowed Claims, PMPM basis																	
		Experience	Period			tion Period:		to	12/31/2016	Mid	d-point to Mid	-point, Experie	nce to Projection:	27 r	nonths	•	
		on Actual Experi	onco Allowed		Adj't. from to Projecti		Annualiz Fact		Drainstians h	efore credibility A	Adiustment		Credibility Manual				
	Utilization	Utilization per	Average		Pop'l risk	on Periou	raci	ors	Utilization per	Average	Adjustment	Utilization	Average				
Benefit Category	Description	1,000	Cost/Service	PMPM	Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM	per 1,000	Cost/Service	PMPM			
Inpatient Hospital	Days	135.14	\$4,004.93	\$45.10	1.005	1.031	1.048	1.023	142.94	\$4,588.46	\$54.66	209.58	\$6,488.60	\$113.32			
Outpatient Hospital	Services	5,324.51	318.50	141.32	1.005	1.031	1.048	1.023	5,632.04	364.90	171.26	5427.90	433.29	195.99			
Professional	Services	10,989.29	90.59	82.96	1.005	1.031	1.048	1.023	11,624.00	103.79	100.54	11291.19	120.96	113.81			
Other Medical Capitation	Services	90.27	63.64	0.48	1.005 1.000	1.031	1.048 1.048	1.023 1.000	95.48	72.91	0.58	61.18 12000.00	180.43	0.92			
Prescription Drug	Benefit Period Prescriptions	12,000.00 11,131.77	5.77 63.49	5.77 58.89	1.005	1.031 1.031	1.048	1.000	12,000.00 11,774.71	6.61 72.74	6.61 71.37	11425.17	6.10 78.40	6.10 74.65			
Total	rrescriptions	11,131.77	03.43	\$334.52	1.003	1.031	1.040	1.023	11,774.71	72.74	\$405.02	11425.17	70.40	\$504.79			
10141				\$33 N.SE							ŷ 103.0 <u>2</u>			\$30 11.73	After Credibility	Projected Period To	otals
Section III: Projected Experience:				Projected Allowed	Experience Clair	ns PMPM (w	/applied cre	dibility if app	licable)		0.00%			100.00%	\$504.79	\$381	,622
					Paid to Allow	ed Average F	actor in Proj	ection Period	i						0.727		
					Projected Inc			rein & Risk A	Adj't, PMPM						\$366.98	\$277	
					Projected Ris										<u>-7.20</u>	_	<u>,440</u>)
									ecoveries, net of rein	prem, PMPM					\$374.18	\$282	
				Projected Incurred	Projected AC	A reinsuranci	e recoveries,	net of rein p	rem, PIVIPIVI						<u>-2.25</u> \$376.43	_	<u>,701</u>)
				=									_			\$284	
				Administrative Exp	ense Load									14.20%	72.04		,461
				Profit & Risk Load Taxes & Fees										2.20% 9.40%	11.16 47.69		,438 ,052
				Single Risk Pool Gro	ss Premium Av	g. Rate. PMP	М							5.40/0	\$507.32	\$383	
				ndex Rate for Proje		o. 1101C, 1 IVIF									\$530.24	2363	,551
				.,	% increase ov		e Period								34.57%		
					% Increase, a	nnualized:									14.11%		
				Projected Member	Months												756

Product-Plan Data Collection

Company	Lega	Name:
HIOS Issue	r ID:	

Effective Date of Rate Change(s):

UNITEDHEALTHCARE INSURANCE COMPANY 28773

1/1/2016

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		KY POS 001 Plans		KY IND 001 Plans
Product ID:		28773KY001		
Metal:	Catastrophic	Gold	Gold	Gold
AV Metal Value	0.000	0.796	0.783	0.789
AV Pricing Value	0.000	0.922	0.010	1.921
Plan Type:	POS	POS	POS	Indemnity
Plan Name	Terminated			
	Products	6L9	Terminated GMM	ACTH
Plan ID (Standard Component ID):	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Exchange Plan?	No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%		0.00%
Historical Rate Increase - Calendar Year - 1		-2.60%		0.00%
Historical Rate Increase - Calendar Year 0		2.80%		0.00%
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)	0.00%	1.88%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	3.78%	0.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	-100.00%	0.00%
Product Threshold Rate Increase %		3.78%		0.00%

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Inpatient	\$0.00	\$0.00	\$14.86	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$8.00	\$0.00	\$0.00
Professional	\$0.00	\$0.00	\$3.34	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$2.27	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.16	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$14.38	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$10.07	\$0.00	\$0.00

Risk & Profit Charge	\$0.00	\$0.00	\$0.97	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$54.07	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$3.72	\$0.00	\$0.00

Average Current Rate PMPM	\$417.27	\$0.00	\$446.82	\$0.00	\$0.00
Projected Member Months	756	0	706	0	50

tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Plan Adjusted Index Rate	\$0.00	\$0.00	\$0.00	\$474.27	\$0.00
Member Months	3,049	3,049	0	0	0
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/0!	100.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TP that are other					
than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	#DIV/0!	0.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$1,019,962	\$1,019,962	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	100.00%	100.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TAC that are					
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	100.00%	100.00%	100.00%
	4001.00	400.00	4.0	4.0	4.0
Allowed Claims which are not the issuer's obligation:	\$231,627	\$231,627	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf		ćo	ćo	ćo	ćo
of insured person, in dollars Portion of above payable by HHS on behalf of	\$0	\$0	\$0	\$0	\$0
insured person, as %	0.00%	0.00%			
Total Incurred claims, payable with issuer funds	\$788,335	\$788,335	\$0	\$0	\$0
	1,	,,	, -	, -	1.5
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	\$258.56	\$258.56	\$0.00	\$0.00	\$0.00
Allowed Claims PMPM	\$334.52	\$334.52	\$0.00	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	\$334.52	\$334.52	\$0.00	\$0.00	\$0.00

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Plan Adjusted Index Rate	\$536.77	\$0.00	\$500.89	\$0.00	\$1,043.49
Member Months	756	-	706	-	50
Total Premium (TP)	\$405,801	\$0	\$353,627	\$0	\$52,174
EHB Percent of TP, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other					
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	100.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$381,622	\$0	\$334,565	\$0	\$47,057
EHB Percent of TAC, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are					
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	100.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$97,042	\$0	\$86,573	\$0	\$10,468
Portion of above payable by HHS's funds on behalf					
of insured person, in dollars	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of					
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$284,580	\$0	\$247,991	\$0	\$36,589
Net Amt of Rein	-\$1,701	\$0		\$0	
Net Amt of Risk Adj	-\$5,440	\$0	-\$5,080	\$0	-\$360

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\$10,468
\$0
0.00%
\$36,589
¢112
-\$113 -\$360

State: **KY**

Market: Small Group